

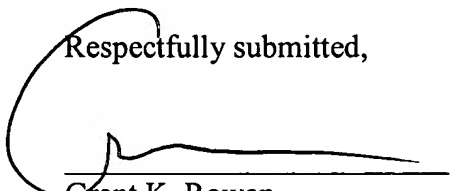
	After Amendment	-	Highest No. Previously Paid For	=	X		=
All Claims	<u>20</u>	-	<u>20</u>	=		<u>\$50.00</u>	<u>\$0.00</u>
Independent	<u>5</u>	-	<u>3</u>	=	<u>2</u>	<u>\$200.00</u>	<u>\$400.00</u>
<b>TOTAL</b>							<b>= \$400.00</b>

EXCESS CLAIM FEE PAYMENT LETTER  
U.S. Appln. No. 10/670,727

Attorney Docket No. Q77651

Please charge the statutory fee of \$400.00 and all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this letter is enclosed.

Respectfully submitted,



Grant K. Rowan  
Registration No. 41,278

SUGHRUE MION, PLLC  
Telephone: (202) 293-7060  
Facsimile: (202) 293-7860

WASHINGTON OFFICE

**23373**

CUSTOMER NUMBER

Date: August 23, 2006